

State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 4-26-2007

Case #: 22-42024

County: Dekalb

Address: Co Rd 16

West of Co Rd 19

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☒ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☒ Open - No Structure
☐ Other:

Items Found; Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): ____
☐ Red Phosphorous/Iodine Reaction(s): ____
☒ Flammable Solvents: 5 cans other
☐ Water Reactive Metal (Lithium): ____
☐ Anhydrous Ammonia: ____
☐ Hydrochloric Acid Gas Generator(s): ____
☐ Corrosive Acid: ____
☐ Corrosive Base: ____
☒ Other (item and location): salt, glassware, tubing

Child under age 18 discovered (check one)

- ☐ Yes ____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudophedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: citizen

This report is to be faxed to the following agencies that serve the location:

Fire Department: Corunna Fire

Fax: 260-281-2261

Health Department: Dekalb County

Fax: 260-925-2090

Child Protection Service: ____

Fax: ____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: Tpr. Rob Smith Phone 260-432-8661

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.